

COMMISSION APPLICATION

Name _____

Residence Address _____

City _____ Zip _____

Phone MARK TYPE - RES/BUS/CELL AREA CODE _____ Email _____

Torrance resident	years	Torrance registered voter Y <input type="checkbox"/> N <input type="checkbox"/>	Commission Certification Training Date
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Check box(es) to indicate commission preferred.

NOTE: Completing a Statement of Economic Interest (Form 700) is **required** for all Commissions.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Airport | <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Cable Television
Advisory Board | <input type="checkbox"/> Environmental Quality
& Energy Conservation | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Civil Service | <input type="checkbox"/> Library | <input type="checkbox"/> Water |
| <input type="checkbox"/> Commission on Aging | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Other _____ |

Are you now or have you ever been a City of Torrance commissioner? Yes ☐ No ☐

If yes, Name of Commission: _____

Present occupation: _____

Name and address of employer: _____

Torrance Community Service Experience

Organization	Date Served From	Date Served To	Office held

Education:

School	Major	Graduation Date	Degree

Additional pertinent courses or training: _____

Other languages spoken with fluency: _____

Other pertinent skills experience or interests: _____

Please furnish brief written response to the questions *using additional sheets as necessary*. If you are applying for more than one commission please answer for each commission as necessary

1. Why do you think you should be appointed? What is there specifically in your background, training, education and interests which qualify you as a candidate?

2. What do you see as the objectives and goals of the commissions?

3. How would you help achieve the objectives and goals? What special qualities can you bring to the commission?

4. Do you have reservations about the commission's structure or function?

5. Other comments:

6. Please provide the names, addresses, and telephone numbers of three personal references (other than family members):

Name	Address	Phone

7. Do you plan to attend the scheduled Council interview: Yes ☐ No ☐

Date: _____ **Signature** _____